MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042708

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 368

FILED NOV 18 1963

DO NOT WRITE ON THIS STUB	AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO. | INSTEAD OF | SHOULD READ. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Stickler Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Val. Miller Bldg.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First: WALTER Middle: E. Last: GLASPIE
4. DATE OF DEATH Month: November Day: 13 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married ☐ Divorced X
8. DATE 19-18-94 April
9. AGE (last birthday): 69
IF UNDER 1 YEAR — Months / Days IF UNDER 24 HR — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (City and state or country): Greentop, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Glaspie
13b. MOTHER'S MAIDEN NAME: Hettie ?
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: H.E.Glaspie,511-S-Marion Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis--acute
INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour: a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 11, 1963 to Nov. 13, 1963 and last saw him alive on Nov. 13, 1963
Death occurred at 10:30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R.D. Stickler, M.D. (Degree or title)
22b. ADDRESS: 107 E. Harrison, Kirksville, Mo.
22c. DATE SIGNED: 11/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-15-1963
23c. NAME OF CEMETERY OR CREMATORY: Greentop Cemetery
23d. LOCATION (City, town, or county): Greentop, Missouri

24. FUNERAL DIRECTOR ADDRESS: Davis & Davis, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: Nov 15, 1963
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

Margin text (right side, vertical): R.O. STICKLER, M.D

Margin text (top right, vertical): No permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _Robert B. Davis_____
    Signature of Student Embalmer

Licensed Embalmer No._4219_____

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.